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GEORGE KNOWLES SWINBURNE, M.D.
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ORIGINAL COMMUNICATIONS.

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A Further Report on Nævo-carcinoma. A. RAVOGLI, M.D. 510

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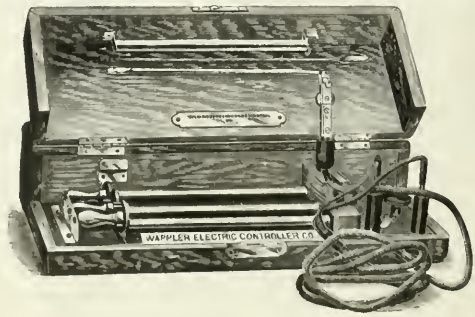

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JOURNAL OF
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DISEASES.

VOL. XX. NOVEMBER, 1902. No. 11.

Original Communications.

A CRITICAL REVIEW OF L. PHILIPPSON'S PROPOSED REFORM OF DERMATOLOGY.*

BY DR. HERMANN G. KLOTZ,
New York.

EVER since the diseases of the skin began to be considered and studied in a scientific manner, a large amount of conscientious and creditable work has been produced and is still being brought forth by earnest students among the medical profession in all civilized countries and an immense material has been accumulated and placed at our service. Everywhere dermatology has assumed a commanding position among the special branches of medicine. Nevertheless if the question is put to you, whether the study and the teaching of this our special field are founded on a thoroughly satisfactory, truly scientific basis, I doubt whether many amongst you would be ready to answer absolutely in the affirmative. Two well known and undisputed facts alone demonstrate how far away we are from an ideal position: on the one hand the experience that the diseases of the cutaneous integument, which is immediately exposed to the scrutiny of our senses and therefore ought to be the best known portion of the human body, to a large number, probably to a majority of the members of the medical profession are the most obscure and often bewildering phenomena. On the other side we see the incessant but so far unsuccessful efforts, continued through more than a century, of those interested in and occupied with the study of dermatology, to formulate a system under

* Read before the American Dermatological Association, Sept. 18, 1902.

which all the pathological changes of the skin would be satisfactorily distributed and classified. By having given up, for the time being at least, all classification and having accepted simply the alphabetical order for the diseases of the skin, we have ourselves acknowledged the existence of such a condition. If, then, there is something rotten in the state of dermatology, it is but natural that from time to time voices should be heard pointing to its wants, trying to find out the underlying causes and indicating means to bring us nearer to a perfect understanding of our discipline. Whenever such efforts are made in a truly scientific spirit, they certainly deserve to be carefully considered and judged on their merits. While a single man's work may not be perfect or complete, it may contain some points of importance and of merit, and may help in some way to smooth the always rough and difficult path of reform. This seems particularly the duty of our Association, the avowed aim of which is to promote the study of dermatology in all its relations.

Within the last years my attention and probably that of not a few among you has been attracted to several publications of L. Philippson, assistant to Prof. Tommasoli at the dermatological clinic of the University of Palermo, Sicily. In 1895 he published conjointly with L. Török of Budapest, like himself a pupil of Unna: General Diagnostics of the Diseases of the Skin, founded on Pathological Anatomy, and during last winter in the Archiv für Dermatologie (Vol. LVIII.) an article: The morphologic tendency and the anatomical-genetic tendency in the dermatology of the present day. It occupies 56 pages of small print, which are not exactly easy reading even for a German, particularly as it is almost impossible to follow the author without a certain knowledge and understanding of his book. Under these circumstances, although I know that you are all more or less acquainted with the German language, and are interestedly following the progress of dermatology in European countries as well as in our own, I may be pardoned for assuming that not many among you have found the time and the patience to give as much attention to such an article as it seems to deserve and as you should have liked yourselves to bestow upon it. Therefore I have felt justified in trying to give you a review of Philippson's ideas and furnish an opportunity for discussing the same here.

Philippson's essay on the morphologic tendency and the anatomical-genetic tendency in modern dermatology is divided in two parts and contains a critique of dermatology as usually studied and taught today, and the principal outlines of a reformed or rather remodelled and revised dermatology. The title was chosen by the author to indicate that there exists already a current in dermatology which endeavors to

replace the dominant influence of the doctrine of the efflorescences or elementary lesions by exclusive attention to the anatomical and genetic features of the cutaneous diseases.

The first part arraigns the dermatology of the present day for remaining under the influence of the theory of the elementary lesions and allowing it to be paramount in teaching and studying. These elementary lesions, which are claimed to represent the fundamental phenomena, of which all the pathological conditions of the skin are composed, are in reality nothing but small circumscribed foci of diseased skin. Adopted in the early times of dermatological observation, when the morphologic features alone offered themselves for the differentiation of the various pictures of the diseased skin, partly taken from the ordinary language of daily life, the names of these elementary lesions do not describe, signify or even suggest any definite anatomical or histological change of the tissues, but only the physical features and the limits within which they present themselves to the eye. If Kaposi has defined the efflorescences as morbid changes, generally restricted to a small circumscribed area, which in form, development, progress and anatomical character present a definite type; he has given them a much wider scope than they are entitled to and has rather indicated what we ought to be able to learn from such important features. An elementary lesion, for instance a papule, may be produced by entirely different anatomical processes, may be of varying structure and may follow an entirely different course under different circumstances. But the worst is, that the terms used for the elementary lesions are by no means definite or exact even in regard to their morphologic significance; various authors greatly differ in their description, and one calls a papule what the other calls a nodule, etc. Under these circumstances it seems strange, that dermatology, after entering upon new and modern paths of investigation, has not discarded this obsolete doctrine and adopted a different, an anatomical foundation. The reason for this continued prevalence of the old standpoint probably has been, that indeed some pathological processes in the skin not only frequently appear in such circumscribed form, but that a number of them always appear and remain so during their entire course. But this very tendency of certain processes, to be restricted to small areas, rather than the areas themselves is a peculiar feature and deserves the most careful investigation in regard to its anatomical causes. Whether the elementary lesions themselves are essential for a pathological process, will have to be determined in every single case. Having demonstrated what the doctrine of the elementary lesion really amounts to, and that it is not fit for a foundation of dermatological studies and instruction, Philippson

traces its mischievous influence through the different stages of dermatological work, beginning with the description of the diseased conditions of the skin. He then explains how it directs the diagnosis into its channels, how it guides pathological investigations, how it is responsible for the peculiar conception of what constitutes a disease and for the strange character of much clinical work, how it controls now just as much as ever the formation of new diseases and how now and then it is revealed as the real motive for so-called difficult problems. It would be interesting enough to follow Philippson more closely on his critical raid through the dermatology of the present day, but it would be almost impossible to do justice in a review to the large amount of detail and the numerous citations from the books of various authors, particularly of Kaposi, Besnier, Brocq and others. The habit of temporarily dropping a subject for another to return to it later, and frequent repetitions do not contribute to render the paper easy reading and to readily understand the author's purpose. Here and there a certain animosity and the influence of some prejudice become apparent, but in general Philippson makes out a good and strong case and opens the eyes of the reader to many shortcomings and open faults and errors of our conventional way of doing things in dermatology. After all it must not be understood that Philippson denies the existence of the elementary lesions or even their right to be recognized, but he wants them to be considered only in connection with the anatomical process of which they indeed form only a part. In fact his real objection is more to the habit of making a diagnosis not only of the conditions of the skin but of a real disease from the physical and morphologic appearance of the diseased skin, be they circumscribed or diffuse, although the latter usually are hardly considered because they are not typical.

In the second part Philippson calls attention to the exceptionally favorable position which dermatology occupies in comparison with medicine in general and with other specialties, because the organ with which it has to do is spread out for the immediate appliance of our senses of sight and of touch in its various branches. In examining the diseased skin, we necessarily perceive certain anatomical changes. The dermatological clinic therefore really is the study of pathological anatomy on the living organ, and the symptoms with which it has to do are the anatomical changes produced by some pathological process. Generally the pathologist's work is limited to the demonstration on the cadaver of certain deviations from the normal conditions just as they exist at a certain time. But on the skin we are in the position to follow the anatomical changes from the beginning to the end, we can at-

tend step by step the several phases of development of the process and we can immediately trace the relations of the various changes to the various stages of the process itself. Therefore it becomes our duty always to investigate the diseased skin with the view of ascertaining the anatomical changes and the anatomical process which causes them, but not to be satisfied with taking notice of the physical and morphologic appearances of the changes only, to describe them in conventional terms and give them the name of a disease. In order to accomplish this in an intelligent manner, we must have a somewhat remodelled general pathology, to teach the nature of the anatomical processes, and general diagnostics to teach the means for recognizing them on the living. The rules and teachings of the general pathology of the human body to a certain extent apply at once to the general pathology of the skin, but on account of the peculiar construction of this organ and of its exceptional localization, not all of them can be immediately made serviceable for this purpose. Such a general dermatological pathology will include general pathology and general etiology, but as a peculiar advantage also the genesis of the anatomical process. It can describe the development of many anatomical changes, which on other regions of the body become the object of examination only as finished products. Certain local disturbances of the blood circulation, the conditions of inflammation, the results of embolism and metastasis, for instance, cannot be observed as well on any other organ; many biological features of various progressive and retrogressive changes, particularly those of the granulomata and of tumors have been much better studied on the skin than on any other organs; certain features of the blood vessels, of the tissues themselves and even of the entire organism become conspicuous on the skin, which are absolutely unknown or but very little understood on other organs. In particular we are enabled to gather exact knowledge of the relations between some cutaneous changes and their causes, principally the pathogenic micro-organisms.

The principal contents of such a general pathology have to be and to a large extent have already been furnished by clinical observation, but a great deal has erroneously found its place in the present special pathology. For here we find under the guise of special diseases a number of morbid processes which may appear under the most different conditions and therefore have to be considered as general forms of disease, of right belonging to general pathology. What is now described as dry and moist eczema, as lichen simplex, as erythema will figure as special forms of inflammation; from the development of erythema multiforme and nodosum, purpura, pemphigus, etc., we gather the material for the general description of embolism and metastasis.

Still many blanks will remain to be filled by investigations to be made for this special purpose but principally in the clinic. Such a general pathology will not be theoretical only but being mostly clinical will include practical knowledge as the basis for the general diagnostics. General pathology and general diagnosis will complete the dermatological propædeutics. The book on general diagnosis illustrates Philippson's ideas of these chapters, but I have to leave its consideration until later on.

The special pathology from which a large portion has been eliminated and placed in the general pathology, will be greatly reduced in volume, but it will contain only cutaneous diseases the conditions of which are exactly known or sufficiently so at least for the demands of clinical purposes: diagnosis, prognosis and therapeutical indications. Mere combinations of symptoms ought to be relegated to general pathology unless besides the changes in the skin other symptoms or other signs of disease can be found, which bear legitimate relations to each other. The reduction of the number of real diseases will deliver us of a large portion of our previous bewildering nomenclature and will do away with some of the confusion, which has been created by the promiscuous use of the favorite traditional terms. It will also facilitate the introduction of order into the contents of the special pathology and a satisfactory classification of the diseases.

In describing the morbid changes in the skin we must follow some definite rules, so as to outline the complete history of the anatomical process. The description, therefore, must not be restricted to the consideration of the small circumscribed foci; they will be considered only in so far as they form a part of the anatomical process. We then shall not gather as heretofore a number of pictures without any organic relations. Many simple facts will appear as the natural consequences of the anatomical process and will need no further explanation, as we become acquainted with them from the general pathology, and we shall be able to dispense with much of the peculiar terminology which can be understood only by the specialist, and contributes so much to making dermatology a sealed book to many physicians.

In order to give such a description, we must apply a careful examination and observation to the diseased portions of the skin at the hand of our general pathology and diagnosis. We must define the topographical seat of the anatomical disturbance, the general pathological character, the mode of their first appearance, the development of the primary and secondary foci of the disease. We must directly search out the anatomical changes exactly as it is done on the cadaver, not only the macroscopical but also the microscopical ones. As the skin

is spread out in a comparatively thin layer, we can recognize on the living organ a great deal more of finer detail than on the dead, particularly the local disturbances of blood circulation, either if independent or if accompanying other anomalies. If we cannot clearly define the seat or nature of the anatomical changes with the naked eye, a microscopical examination must necessarily be made, preferably by means of serial sections. Should the microscope fail to furnish a satisfactory explanation, we must for the time being be satisfied and not insist on making the diagnosis of some disease or establish a new one on the strength of the morphologic features as has been the habit, often enough with the result, that cases of similar morphologic appearance but of totally different histological structure have been joined under the name of one disease.

In such an examination *all* morbid changes have to be equally considered, small and large, of regular shape or undefined, extensive or circumscribed. Where diffuse, irregular patches are found besides typical or circumscribed ones, they deserve not less recognition, or even more if they develop from the latter. Where *only* circumscribed lesions occur, special investigation will be required, whether they are a natural consequence of the process or of the structure of the skin. It will be of great importance to distinguish between primary and secondary foci of disease, partly because the early changes may differ from the latter ones, partly because in the primary foci certain features may become manifest, which are intimately connected with their origin. From the mode of their first appearance we may be able to draw conclusions not only in regard to the direction from which the irritating cause has entered the skin and in regard to the path by which it has entered, but also in regard to its general nature. The first manifestations may vary greatly as to their location, age, number, distribution and arrangement, and the rapidity of their appearance depending whether the causes affect the body from the outside or from the inside, be it by contiguity directly from underlying organs or by embolism or by way of the nerves. It will also be considered insufficient to state the condition of the skin as found at one certain stage. Quite different processes may exhibit at a given time similar or apparently identical features, the significance of which can only be recognized by giving close attention to their development. For the same reason the termination of the processes has to be studied, because some of them reveal their true nature only in their last phase. This is simple enough, if we can follow a case from the very beginning to the end, but if our observation commences only at a certain later period of the development, a methodical investigation will be required to assign all

the different and various changes to their proper places. Here the discernment of the primary focus will be of material assistance.

Finally it must be remembered, that many circumstances may influence the appearance of the morbid changes, which are entirely independent of the pathological process itself. Such circumstances may be located in the organism itself or may depend on external factors. The irritability of the blood vessels here plays an important part, varying within very wide limits. Among the external influences therapeutical measures, which have previously been employed, may greatly alter the appearance of the anatomical changes; infection with pyogenic micro-organisms an independent pathological process, running its own course, may be implanted on the original conditions. In such cases it may become necessary to wait till the complication has run its course, before we can resume the consideration of the original process.

The part of the microscopical examination in the new order of things has been mentioned already: it will not be optional any longer but forms an essential part of the clinical examination. It accompanies the clinical observation and steps in when the former cannot proceed any farther, and its results obtain their real value in so far as they become immediately connected with the clinical facts which depend on the anatomical process. The essential features of the changes, their seat and nature may occasionally be determined only by the microscope, and so the imperfect clinical examination may be rendered complete. There exists, therefore, the most intimate reciprocity between the histological examination and the clinical observation, none can stand without the other and the former cannot be allowed to proceed independently.

The examination of the diseased skin and the definition of the evolution of the anatomical process form the first part of our clinical work and lead for the time being only to an anatomical diagnosis, leaving the definition of the disease itself, the diagnosis proper, to the future. This may seem to be a mere formality, but in reality offers many advantages. Having reached a definite conclusion in regard to the anatomical process, a natural position for a temporary rest is afforded, which we do not find under the present method, when we are accustomed after the examination of the skin to immediately find the name of a disease which we can apply to the morphologic, perhaps also to the anatomical features which we have found. It is true such an immediate adoption of the name of a disease offers some advantages, in so far as it furnishes some indications as to the probable progress and the termination of the morbid changes, or perhaps also to the anatomical nature which we have not been able to define by immediate

observation. But such a proceeding also invariably leads to a complicated differential diagnosis, to the comparison with a number of quite heterogeneous phenomena, which the anatomical diagnosis renders entirely unnecessary. Under the usual methods we are unable to consider independently the diseased conditions of the skin without the traditional name of some disease, and while we are not quite ready to adopt such a one for the final diagnosis, we speak of *an* eczema, *an* erythema, etc., committing ourselves to the name more deeply than we really intended. This is particularly likely to occur, if we are not able at once to make a decided diagnosis, either because we see only the early stage or an abortive or fragmentary condition of some anatomical process, or because the case presents entirely strange and unusual features. With an anatomical diagnosis we can be contented for the time being, and wait for further developments. The anatomical diagnosis also gives due weight to the results of the histological examination, while usually we find them in the text books added to the description of the disease as a separate and independent paragraph, often without any influence on the diagnosis.

Often we may be able to complete the genesis of the anatomical changes by directly fixing its cause, for instance in cases of artificial dermatitis, of drug exanthemata, of many pus affections, of infections with fungi. Then the anatomical diagnosis completes our work, for it would be superfluous to attach any special name which would only obscure the understanding. Otherwise the establishment of the anatomical diagnosis leaves us entirely free to complete the examination of the patient according to the usual clinical methods. This is of particular importance, if we have to do with diseases which depend on conditions located not within the skin but in some interior organ of the body. We are then not bound in advance to adopt the diagnosis of a certain classified disease because its skin changes are similar to those of the given case, but we shall identify it with that disease if it agrees in every way, in regard to the relations of the skin changes as well as with the internal conditions. We thus are able to avoid the names of diseases, which are often used, for all cases exhibiting similar conditions of the skin, although they may be of entirely different pathological character.

If then we follow the course advised by Philippson, our experience will be the following: Either we are really able in a given case to recognize a classified disease or we are not. This will happen if we have to do with one of the diseases which Philippson calls variable ones, that is diseases which have been established only on the basis of identical skin changes and include radically different processes. We then must

try to complete the anatomical diagnosis by all possible clinical facts and in accordance with these to form our judgment. This would end the diagnosis but would put us under the obligation to look around in literature for similar cases, which in one way or other may complete our own observation; however, we must not depend in these cases on the names but on the facts.

At present the student who begins instruction in dermatology is introduced to an entirely new doctrine, which usually impresses him as strange, as he finds great importance assigned to certain features, the elementary lesions, of which he had no previous understanding. Under Philippson's plan instruction will begin with the general pathology, which will in its principal features not differ much from the general pathology of the human body, only it will consider more exactly the evolution of the anatomical process, which it watches on the living organ. On the anatomical conditions as observed in the living patient general diagnostics will be founded. If the morbid conditions of the skin are presented to the student simply as anatomical changes they may at first seem to be of but slight importance, because he is used to much more conspicuous changes from the other clinics, particularly from the surgical one; at the same time he may be somewhat bewildered by the large number of observations, but gradually he will become interested in the biological features of the pathological processes. He will probably feel somewhat embarrassed at first, when he is called upon to make an anatomical diagnosis only, because he is accustomed to look on every patient as an example of some disease and to regularly end the examination by making the diagnosis of a disease. As the number of acknowledged diseases will be much smaller than it is now, and as the description of the disease in a given case will contain the complete evolution of the anatomical process, which itself furnishes the important points for their distinction, the diagnosis of the disease itself will be much easier. It will only require the consideration of the other symptoms and features of the disease. The traditional differential diagnosis with its complicated tables will be unnecessary, because it is founded only on the similarity of the morphologic appearances. Differentiation really has to take place during the examination of the anatomical changes, when we have to determine their seat, their size, their character, their development, etc. It may happen that we are not able to reach a final conclusion, but that it will be necessary to consider all the circumstances which form the obstacles to the recognition of the true facts, questions which belong to general diagnosis. In special pathology only well studied diseases will be considered. In describing new diseases, we shall have to follow

the same principles, which are generally accepted in medicine and if we are not able to find sufficient facts, we have for the time being to give a place to our observations in general pathology. It will therefore not be absolutely necessary to close our clinical work with the definition of a classified disease, but if we cannot do so, we will accept as an equivalent the anatomical-genetic diagnosis under consideration of all the pathological phenomena and conditions or we must be contented with such a diagnosis as the best we can accomplish.

So far Philippson's article. For a better understanding of his plans I have to give a brief summary of the general diagnostics.

Philippson and Török's General Diagnostics are divided into diagnosis of the pathological anatomical processes of the skin and the diagnosis of the cutaneous diseases. The first part begins with the consideration of general pathological conceptions as applied to the skin. Inflammation, the most important process, is first taken up: In all inflammatory processes two different actions can be distinguished: the one, the direct and characteristic effect of the pathological agent, occurs on the place where the influence is most strongly felt; the other, which is not characteristic for the pathogenic agent takes place in the environs of the spot of entry and accompanies the most various pathological processes. It particularly presents features corresponding to what generally is called inflammation. These changes depend on a general biological quality of the organism, its irritability, and can be denominated as the phenomena of reaction to irritation (Reactive Reizerscheinungen). They may be subjective, becoming manifest as itching, burning, pain, etc., or objective, clinically represented by congestive hyperemia with or without edema, histologically also by cellular emigration from the blood-vessels of the red and white corpuscles, and by proliferation of the fixed connective-tissue cells; the most common form of pathological changes. Inflammation is, therefore, not used any longer in a pathological-anatomical but only in a clinical sense and then only when the four cardinal symptoms are present.

For the diagnosis of the anatomical process the changes immediately due to the damaging agent have to be considered, not the reactive phenomena, which are identical under all circumstances, differing only in the degree of intensity. These ideas concerning inflammation predominate to a large extent throughout Philippson's arguments. Besides, other processes not resulting in skin desquamation and the formation of vesicles and bullæ are given particular attention; scaling in most instances is a secondary condition, the underlying cause having to be looked for in a disturbance of the mucous layer of the epidermis, which serves to define the anatomical process. Then follow

remarks on the normal anatomy and physiology of the skin, the furrows and folds, the papillary layer, the epithelium, the transparency, and peculiar conditions of the skin due to age. Next are enumerated the clinical signs of the anatomical processes in general and as depending on the anatomical structure of the skin, how they manifest themselves if situated in the papillary layer or in the epidermis or in both these regions together, the characteristic signs of cutaneous and subcutaneous changes, the differences in color, consistency and the influences of the location on certain regions of the body. The consideration of all these features leads to the anatomical diagnosis.

In the second part on the diagnosis of the disease itself the significance of the anatomical process in the skin for the disease itself is the first subject considered. In a number of cases we find not an active process any longer, but the finished results of a process which may have run its course during intrauterine life or later during childhood or adult life; such conditions are designated as deformities (Missbildung).

Among the active processes the clinic meets with the most various changes in the organism during their course. The most simple conditions prevail where we find evidence that some mechanical, chemical or thermic influence has affected the skin. In certain cases only the character of the tissue degeneration alone in connection with the reaction phenomena allows us to make a definite diagnosis; usually we find only the reaction phenomena without any characteristic features, calling attention only to the fact that some irritation has taken place, the nature of which has to be determined by clinical, mostly anamnestic means. Similar conditions prevail, where we find the reaction phenomena without any direct degeneration of the tissue in the shape of more or less transient and more or less extended erythema, edema, formation of vesicles, etc. These functional disturbances of the circulatory apparatus only point to the fact that we have to look for the important etiological factors not in the skin but in the interior organs of the body, since the changes in the skin are not characteristic nor important enough to establish a disease, but form only one amongst other symptoms, from which the diagnosis has to be made. The papules which accompany some of the pruritic diseases, the erythematous and urticarial conditions, hemorrhages, desquamation, ulcers, etc., do not show any histological differences, nor do the syndromes like lichenification, eczematisation, the urticarial skin lesions and the results of functional disturbances of the blood-vessels which are grouped together in erythema multiforme, dermatitis herpetiformis, pemphigus, and similar diseases. Besides these cases, where the conditions of the skin ap-

pear either as the consequences of some external injury or of some internal disturbance there exists a large group in which the anatomical changes evidently depend on causes which are localized in the skin itself and the pathological process, which under certain circumstances may be sufficient for the diagnosis, exhibits its characteristic features in that organ alone.

After a brief consideration of the course of the pathological process in the skin and of the course of the diseases in general some remarks on the sensation of itching lead to the chapter on the definition of the limits of dermatology. A clinical specialty must include only diseases, the most essential constituents of which are localized in that special organ. Into clinical dermatology we therefore can admit (1) the deformities, (2) the affections which are caused by the direct influence of mechanical, chemical and thermic forces and are restricted to the skin during their entire course; (3) pathological processes, the cause of which is localized in the skin and there develops its effects, particularly if other organs of the body are not affected by it; (4) pathological processes, which appear only as symptoms of some internal trouble, but in which the cutaneous symptoms are clinically so prominent that the patients usually come under the observation of the dermatologists.

The last part of the book is devoted to the demonstration of the necessity of a classification and of its principles and to the classification itself. The four conditions for the admission of diseases into dermatology conveniently furnish four classes of diseases: deformities, lesions (here in the original sense of the Latin Læsio, the injury), cutaneous diseases proper and symptomatic diseases.

To briefly sum up, we find that Philippson criticizes the dermatology of the present day for still paying too much attention to the surface appearance of the diseased skin, particularly to the so-called elementary lesions, without allowing due weight to the anatomical process which produces them, for describing the diseased skin in terms entirely at variance with the common rules and customs of general pathology, for making the morphologic features the foundation of the diagnosis without giving proper attention to their anatomical character and to general symptoms, and for setting up an unscientific standard for the definition of single diseases. To improve the state of dermatology he proposes the creation or rather elimination of a general pathology of the skin in conformity with the general pathology of the human body, and of general diagnosis founded on pathological anatomy; he demands that the examination and description of the morbid conditions should be made with the sole view of discovering the anatomical

process and its genesis, that under all circumstances an anatomical diagnosis should first be made and that the diagnosis of a disease itself should not be insisted on, unless all conditions for the construction of a clinical entity should be fulfilled. This I do not understand to mean that we should have to go through all the formalities in every case of an acknowledged disease we meet, and should not profit by our clinical experience, making a snap diagnosis in our practice after having made the anatomical diagnosis in a sufficient number of similar observations. But in cases which are not immediately classified, the procedure should be as demanded by Philippson and should be adhered to in teaching under any circumstances.

In trying to judge of a plan for reform, it seems to me there are always three questions which offer themselves for consideration: 1. Is there anything to reform? 2. Is the proposed plan practicable? and 3. Will its execution really reform?

The answer to these questions in regard to Philippson's writings I should have preferred to leave entirely to the members of this Association, particularly to those who as teachers are more competent and in a better position to judge than I am myself. But as I have promised a critical review, I cannot entirely shirk that duty. Personally I am convinced that Philippson's criticism is indeed in a large measure justified. If I had not had a feeling of dissatisfaction with the state of dermatology before the study of this article I should not have taken the interest in it which I almost unwillingly did, but during its study I found much detail which I am sorry I could not lay before you, particularly in citations from other authors, that clearly shows how prejudice and too devoted adhesion to traditional doctrines pervert honest studies. I believe, however, that what Philippson calls the anatomical-genetic tendency is much more deeply rooted and more widely developed than he makes us believe, particularly among the younger workers, but that it does not avow itself with sufficient energy, partly on account of a reverential reluctancy to break with old traditions, partly on account of a conscientious consciousness that it is not yet in the position to satisfy all reasonable demands that could be made upon it. This is particularly true of the microscopical work to which the time and labor of dermatologists has been so much devoted.

In answering the second question, whether the reform or new departure demanded by Philippson is feasible, I do not hesitate to say that I do not only consider it practicable, but almost the only natural way as soon as we try to think and work scientifically, and that I have no doubt, that sooner or later such a plan will be generally accepted, though it may take time, perhaps a generation or more, before this will

be accomplished. Besides the standpoint assumed by Philippson is by no means an entirely new or startling one. To mention only the names of Simon and Unna as the foremost promoters of the histopathology of the skin, none more than Auspitz has represented the anatomical-genetic tendency in his System der Hautkrankheiten and particularly in Ziemssen's book on the diseases of the skin. Other authors of books, American and foreign, have started in a similar vein, but finally they cannot extricate themselves entirely from the influence of the elementary lesions. But more than that, I dare say, that every one of us has already followed Philippson's plan, consciously or unconsciously, in the study of skin diseases. It is by no means claimed that the reform Philippson offers is complete or perfect; to the contrary, he is fully aware that a great deal of work has still to be done before the desired improvement in dermatology can be accomplished. But if the greater part of the work that is now scattered and squandered on useless, misdirected investigations could be united and concentrated under one common plan, the results would be much more rapid and satisfactory. That we shall experience a good deal of awkwardness and difficulty in first trying to adhere to Philippson's methods, there is no doubt, but I am also confident that after a few trials we shall find it much easier to do so and gather sufficient recompense for our work. For I am convinced, to answer the third question, that the realization of Philippson's plans would work a real reform of dermatology, that our description would be freed of a great deal of the confusion, of the *embarras de richesse* in regard to terms and names, that it would be brought into closer relations with general pathology and general clinical medicine and would lose a great deal of the difficulties that now surround its study and its general understanding.

THE CLINICAL ASPECT AND TREATMENT OF SOME AFFECTIONS OF THE FINGER NAILS.*

BY FRED. J. LEVISEUR, M.D.,
New York

IF the statement of some American and foreign authors be true that it is quite impossible to differentiate clinically between eczema, lichen, psoriasis on the one side, and onychomycosis trichophytina on the other, but that the diagnosis simply rests upon the finding of the tricophyton fungus, this interesting affection of the nail will continue to occupy an anomalous and subordinate position in the great system of cutaneous diseases. Owing to the rarity of the disease, we are much in want of accurate description of typical cases enabling us to recognize the affection by some characteristic feature and assign to the microscope, as in most other diseases, the rôle of furnishing corroborative evidence. The disease usually begins with a yellowish discoloration of the nail-plate. The affected portion of the nail loses its luster and becomes opaque and thickened. If it starts from the free border hyperkeratosis of the bed of the nail soon appears, forcing the nail-plate upwards—and often producing an onychogryphosis of mild degree. This moulage shows the thumb nail of the left hand of a girl thirteen years old. There existed no other evidence of the disease elsewhere on the body of the child or in her family. The affection was of one year's duration. The girl often played with a cat which, as the mother reported, was suffering from a peculiar skin eruption. The cat finally fell sick and died in the house. After a long search the fungus was found in the scrapings taken from the diseased nail and soaked in a 10 per cent. solution of caustic potash. Unfortunately I had no opportunity to make a culture or inoculate animals, and therefore am unable to say if the fungus was the trichopyton megalosporon ectothrix, which one would expect to find in such a case.

As a rule the disease is not given the chance to spread in an undisturbed manner, as happened in this case. Accidentally or by intervention the affected part of the nail-plate, or at least its upper layers, are removed and a hard, inelastic, ragged mass remains, which is of a dirty brown, sometimes almost black, color. In this condition it is much

* Read at the 26th Annual Meeting of the American Dermatological Association.

more difficult to recognize the disease clinically, but somewhat easier, I think, to find the fungus. There is no pain present nor any (marked) tendency to suppuration. Meissner and Heller have described cases in which the affection was primary, and Johnston has reported four cases in which there were no other lesions present. Grindon says that heteroinfection from men is uncommon, but that its occurrence as a family disease has been noted several times. The well known fact that a comparatively large number of cases quoted in literature concern old men has been explained on the ground that senile changes of the nail render it particularly liable to infection. This may be so; but want of occupation making the washing of the hands not so much a necessity may have something to do with it, or perhaps more so the fact that old men are much inclined to befriend dogs and cats. Domestic animals, I think, constitute very often the source of infection, and it would be well to bear this in mind every time when inquiring into the history of a case of ringworm of the nail.

In regard to the therapy of the disease I can offer no new suggestions. Nor has it been my good fortune to follow up a case to a perfect cure.

I should like to call your attention to an affection of the nails which is probably of parasitic origin, though not due to any well known vegetable parasites. I have only seen it in adults, where it is found usually in combination with seborrhoic eczema and pruritis ani or scroti. It attacks the nail-plate primarily, starting from the region of the lunula, and very quickly spreads all over the nail. The individual lesions are minute, round, shallow holes of the size of a very small pin-head, arranged sometimes in regular concentric lines. The entire surface of the nail-plate is covered with them. When the disease starts on its way to recovery the lesions slowly disappear, beginning at the proximal end. The nail is not shed, but the clearing-up keeps pace with its physiological regeneration. The affection somewhat resembles that described by Hebra. Lailler and Schütz (état pointillé des ongles, thimble-nail) which was found to be a characteristic and early symptom of psoriasis. But it never begins, like the latter, with bright red points, hyperemic in character, on and around the lunula. The individual lesions are of much smaller size. Furthermore, I have never seen it together with psoriasis elsewhere on the body.

Of nine cases which I have collected so far, three were physicians, one a lawyer, one a waiter, two women occupied with ordinary housework, and two business men. The men's attention in every instance was called to their diseased nails by the absence of the natural gloss of the nail-plate, giving it a disagreeable, dirty appearance. Five cases

had a seborrhoic eczema, some on the scalp, some on the body, or both. In one male case there was present a seborrhoic eczema of the scalp and body, and pruritis ani. The women, who were dispensary patients, hardly knew of the presence of this affection. One woman had a general pruritus; the other was to all appearances free from any skin affection.

As a rule a number of fingers are attacked. In one case it was only the thumb of one hand. The disease has no tendency to appear symmetrical. Frequent manicuring or vigorous therapeutical measures aggravate the condition and often obscure its true character by producing an eczema of the surrounding skin. If an alkaline solution is applied to the diseased nails they are liable to assume a dirty brown color. This is particularly the case after an application of liquor carbonis detergens, the discoloration remaining for a surprisingly long time.

As stated above, a microscopical search for vegetable parasites was futile.

In regard to treatment, I have found that salves do not make any impression upon the disease. In four cases a cure was effected by the use of a 1 per cent. solution of permanganate of potash. The fingers were bathed for about ten minutes twice a day, and the discoloration due to to the permanganate then removed by a second bath consisting of an oxalic acid slution (2 per cent.).

Though the material which has come under my observation is as yet too small to venture a positive statement, I am inclined to think that the disease has a certain connection with Unna's seborrhoic eczema, or the parasitic eczema of American writers, but no relation whatsoever with ringworm or psoriasis. It also differs clinically from ordinary eczema. Perhaps some of the gentlemen present, whose material is far larger than mine, have come across this affection, only classifying differently.

The occasional combination of pathological changes of the nails and pompholyx (Cheiropompholyx) seems to have escaped the attention of authors who have written about this disease. The latter deserves an independent position in the system of skin diseases, not on account of histological peculiarities, but of its well defined clinical features. In many cases with severe attacks occurring at short intervals, the matrix of the nails is affected. Consequently a new nail is formed, pushing the old one forward very much in the manner of an ordinary infectious onychia. This moulage shows the condition of the nail as the result of a previous attack, while on the side of the fingers lesions due to a new attack may be noticed.

The ordinary eczema localized on and around the nails, of which you see an illustration in this moulage, can be recognized easily, and only in exceptional cases is it necessary to make the diagnosis *per exclusionem*. There is, as a rule, a history of chemical irritation, and in many cases it is quite difficult to draw the border-line between this affection and onychia of a very mild degree. Here it must be constantly borne in mind that the changes of the nail-plate depend largely upon the amount of interference with the matrix. This ground has been thoroughly covered by the paper read by Dr. Politzer of New York, at the last meeting, and I shall only relate a case occurring in my practice.

Mrs. S., sixty-seven years old, had had eczema of several nails on each hand for two years. Suddenly an onychia developed on one of the diseased nails and was followed shortly afterwards by an erysipelatous rash spreading over both hands, arms and feet. The temperature was 101° at night for a few days only, when it became normal. There was present great general weakness, probably due to the sleeplessness caused by continual severe itching and burning. Finally, blebs of the size of a quarter began to form, containing turbid fluid. They were opened and a wet dressing with liquor Burowi, 5 per cent. applied to the affected parts. After the condition had somewhat improved, the fingers, the hands, arms and feet were bandaged with strips covered with a 10 per cent. salicylic soap plaster, devised by Prof. Pick and modified and introduced into this country by Dr. Klotz, of New York. Under this treatment the patient recovered inside of six weeks. Three nails on one hand and two on the other were shed.

During the attack the two daughters of the patient, while nursing their mother, developed at various times an ordinary infectious onychia. This small family epidemic reminds one of the general epidemics reported by Eddy as occurring among young sailors in 1834 and 35, and similar outbreaks existing in England, Scotland, France, Italy, the United States, the Antilles, and the Cape of Good Hope, from 1847 to 1854 (Heller.). The case also may serve as an illustration of the possibility of the development of a serious streptococcic infection of the skin from a chronic eczema of the nails by the transitory stage of an onychia or peronychia

Of the nail affections due to occupations requiring the handling of chemicals I shall only mention those attacking workmen engaged in the manufacture of Paris green, and fur-dyers. The chemicals containing a large percentage of arsenic produce deep ulcerations, particularly in the region of the lunula, but also of the nail-bed on the sides of the free edges. They have a dry, almost black, mummified basis and cause very little pain. If left alone they show no tendency to suppuration or

granulation and are liable to end in extensive mutilations of the phalanges. Packing these ulcerations with moist iodoform gauze acts almost as a specific, and a foreman of a factory of Paris green who, together with several workmen, was under my treatment for this affection of the nails, reported that since the precaution was taken to bandage every suspicious sore of the fingers with iodoform gauze, no new cases occurred. Workmen engaged in the dyeing of furs in this country frequently suffer from an affection of the finger ends and nails which is characterized by large, flat wart-like excrescences of the skin around the nail and a great amount of subungual hyperkeratosis. These black, hard, irregular masses sometimes become fissured and then extremely painful, incapaciating the men from work for a considerable time. The nail itself is blackened, much increased in thickness, almost as hard and smooth as glass, and unless trimmed continually will develop a marked onychogryphosis. The so-called imitation seal-skin dye seems to be particularly liable to produce the disease. Pyrogallic acid, analine black, and peroxide of hydrogen are combined in many of the dye-stuffs used, and it is difficult to tell which of these substances must be held responsible. I believe that the pyrogallic acid produces the injury, and that the other substances only serve to intensify its irritative action. Individual susceptibility certainly counts for a great deal and I have had some patients who had to give up their occupations of dyers on account of the impossibility of avoiding this painful affection.

Aside from the injurious action of chemicals, the nails are also affected mechanically during the pursuit of various occupations. I have here a moulage of the hand of a newspaper boy whose main work consists in sorting the daily papers. The somewhat sharp edges of the paper cut right under the nails, wearing away the nail-plates almost down to the lunula, similar to morsura unguium. Both hands are equally affected. Another case here shows a hypertrophy of the nail in a cigarmaker. While at work stretching the tobacco leaves he uses his nails exactly like an instrument, and in the center of the free edge, extending backward, a large spine-like, horny processus has formed which supports the nail in a curious manner, making it especially useful for his occupation.

Compared with ringworm of the nail favus is by no means as rare and much easier to diagnose. This is mainly due to the fact that favus of the scalp is most frequently found simultaneously, or at least the characteristic traces left behind by the ravages of the acchorion are still present. In the accompanying photograph the hand of the patient

was placed on the head, thus showing the affected finger as well as the slightly depressed bald spots on the scalp due to favus.

The most marked clinical symptom of the disease, when attacking the nails, is, I believe, the formation of hollow spaces more or less filled with detritus starting from the free edge of the nail towards the lunula.

Fig. 1.

Nail of little finger undermined by disease, surface having retained normal smoothness. Bald spots of scalp, the result of favus.

The surface of the nail-plate itself is left intact, the mycelium growing best on a soil which is little exposed to air or the changes of temperature. This moulage illustrates the condition very well. In such cases the diagnosis favus can be readily made without the aid of the microscope. The boy who suffered from the affection had however a very extensive favus of the scalp. The moment when the disease reaches the re-

gion of the matrix an active inflammatory process begins, as is seen in the moulage. This leads ultimately to the elimination of the nail, and probably is nature's way of curing the disease. The nail-bed, after removal of the horny shell, shows an irregular lamellated surface with shallow depressions here and there. The latter are favorite places for the accumulation of the fungus and really the nearest approach to the formation of scutula which I have ever seen. Sections of the two nail-plates of another case of which I take the liberty of showing you a moulage, were examined after avulsion very carefully by a well-known microscopist and found to be perfectly free

FIG. 2.

Little finger of same patient five weeks after avulsion of nail, showing growth of new and healthy nail

from the fungus, while the latter was found in scrapings taken from underneath the edges of the plate. In this case, which concerned a nurse 21 years old, born in Ireland, there was also present large bald areas on the scalp, the unmistakable remnants of an old favus. The patient stated that the affection of the scalp dated back six years, while that of the index and third finger of the left hand was of four and three months' duration respectively. She was put under ether and after disinfecting the finger thoroughly with soap, alcohol and a bichloride solution, both nails were extracted by means of Post's nail forceps. The avulsion of the nails was accomplished without difficulty. After the operation the fingers were covered with a little iodoform gauze and

protected by a cap formed of small bands of adhesive plaster which finally were painted over on the extensor surface with flexible collodion. This dressing was removed after two days and from that time on renewed daily after bathing the finger in sublimate solution. When the new nail began to show itself the bathing was stopped and the nail bed in front of the new nail painted daily with a 1-per-cent. solution of sublimate in tincture of benzoin.

In a case published by me in 1898 the same treatment was resorted to, only with this difference that the hollow spaces were plugged with cotton and the nail-plate allowed to grow undisturbed. After five weeks the latter could be extracted with great ease under local anesthesia with ethyl chloride.

Avulsion of the nails is, I believe, indicated in all cases where the disease has made considerable inroad. For milder cases a cure may be effected by Dr. Johnston's remedy, a saturated solution of potassium iodide and metallic iodine. It is hardly necessary to warn against the application of strong caustics, as for instance, caustic potash, or the use of the sharp spoon, because it is well known that the destruction of even a very slight part of the matrix will invariably result in the formation of a disfigured or distorted nail. Injury to the nail-bed, provided it be moderate, is not so important for the welfare of the nail. Small, deep, linear cuts or contusions of the nail-bed make more trouble than large, flat superficial injuries.

The very curious disease called koilonychia (spoon-nail) is probably due to pathological changes of the nail-bed. In a case of mine of which this is a moulage, there is present, as in all similar cases of mild degree, a transverse elevation in the centre of the nail, dividing the latter in two excavated parts, the distal one being more spoon-like in appearance. In koilonychia totalis the transverse ridge is absent. In this case there is very little if any subungual hyperkeratosis near the free edge of the affected nail. The wall near the lunula is somewhat retracted and slightly inflamed. The patient, a servant girl, is unable to give an account of the development of the condition. She says her finger was a little sore eight months ago but never caused her any inconvenience since. The rest of her nails are normal.

In conclusion I would like to show you the moulages of two hands representing a case of onychorrhexis, the disease which was described particularly well by Dubreuilh and Frèche. Heller considers it to be a variety of onychatrophy. In my case not alone the smallness of the nails but of the entire end-phalanges must attract attention. The hands are those of a girl eleven years old whose nails have been bad, according to the mother's statement, since infancy. The thumbs show only

small stripes on both sides as the remnants of the nail-plate, the greater part of which is transformed into a smooth pergamenceous covering. Only the nail of the third finger on both hands and the fourth finger of the left hand, are normal as regards the surface; the other nails are fissured longitudinally. There is no history of syphilis or rachitis, but the child, in body as well as mind, is poorly developed for her years. A sister, two years older, had perfectly normal nails.

It is as yet uncertain if the affection can be called a disease or simply represents a symptom due to trophic changes of the nerves.

A FURTHER REPORT ON NÆVO-CARCINOMA.

By A. RAVOGLI,
Cincinnati.

TWO more cases of nævo-carcinoma which I had occasion to study this year have given me the opportunity to submit again this important subject to your consideration. This time, also, one of the sufferers from the affection is a lady about forty years old, and the other a gentleman fifty-one years old. The first died last year with cancerous cachexia, showing carcinomatous reproductions in the liver, pancreas, kidneys, etc.

When I saw the lady she had a large patch made up of innumerable cancerous nodules from the size of a split pea to that of a hazelnut, some of a glistening bright red color, others already ulcerated, others vegetating, covering nearly the whole lumbo-sacral region. The whole mass and the surrounding skin was colored dark red, tender and swollen on account of having been exposed to the X-rays, which had started a dermatitis. The lady said that she had found great relief in her sufferings from the use of the fluorescent light. From the extension and quality of the growths, from her general condition, from her statement, taken all together, I did not find it necessary to make any change, and I encouraged her to continue in her treatment. A few weeks later I received an invitation to see the post-mortem.

I must tender my thanks to Dr. Morrell, who was kind enough to let me have specimens of the cutaneous growths and of the different viscera affected.

The lady had had since her birth a non-pigmented nævus on the lumbo-sacral region, which had never caused her any trouble until

in late years it began to grow, showing a vegetating tendency, and gradually began to grow and in a short time became ulcerated.

In the case of the gentleman the nævus is situated on the left hypochondrium, and is of a deeply pigmented kind. It was originally of the size of a quarter of a dollar. It had never given him any trouble, with the exception that when carrying in his upper vest pocket some instruments needed in his business, these rubbed on the nævus sometimes causing irritation. He was often annoyed by some itching sensation on the growth, which compelled him unconsciously to rub it, and a moisture began to ooze out which stained his underwear. Gradually the nævus increased in size, and when I saw him it was much larger than a silver dollar, round in shape, dark brown red in color, irregularly vegetating, discharging a large quantity of serum of a nauseous odor.

In the case which I had the honor to present to the meeting in Washington, which was published in the JOURNAL under the title of Multiple Nodular Melanocarcinoma of the Skin from a Nævus,[1] the tumor was seated on the sternal region and began to trouble the lady only when she was pregnant and the steel springs of the corset were constantly irritating it thus causing an itching sensation and oozing of serum.

In that case the microscopic examination revealed a large quantity of pigment in the stratum lucidum and in the stratum spinosum. An infiltration of large epitheloid cells tainted with dark brown pigment was found in an alveolar structure in the papillary layer, all giving the characteristic appearance of the superficial epithelioma. In the present case the tumor did not belong to the pigmented class, it was simply a nevus verrucosus which was changed into a papillomatous growth.

The specimens taken from the nevus showed the horny layer of the epidermis missing, but the surface is covered with enormous masses of epithelial layers, which have their origin from the stratum spinosum. It is made up of large, nucleated epidermic cells, which remain soft, unable to form a healthy cuticle. The epithelial cells greatly enlarged make a sharp line at the edge of the elongated and enlarged papillæ, where they show some pigment granules. The interpapillary spaces are filled up with an enormous quantity of epidermic cells. The line of demarcation, however, at the papillary layer is still the boundary between the epidermis and the connective tissues, and no epidermic elongations from the epidermic strata are found to enter the cancerous stroma.

The papillæ are greatly elongated and in some places show true

papillary vegetations, since from one papilla two or three are sprouting. They are not free from cancerous infiltration as infiltrating cells are crowding in their stroma. The same infiltration is found in the subpapillary layer, which gives to the tissue the appearance of an homogeneous mass. In the middle of this mass the capillary blood vessels are abundant and the infiltrating cells are much more crowded in their vicinity. Lymph spaces are well maintained, but in some of these spaces, newly developing carcinomatous nodules are found. The infiltration of the carcinoma is so thick and thoroughly spread that it is scarcely possible to recognize the glands and the hair follicles of the skin. It is easy to recognize that the whole mass is made up of

FIG. 1.

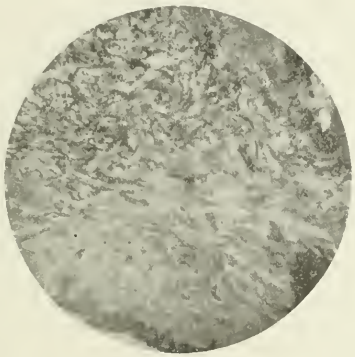
small, distinct, connective tissue alveoli, containing a limited number of epitheloid cells. The alveolar distribution gives to the specimen an aspect of variegated marble.

Another specimen taken from a secondary nodule, shows the epidermis normal, the papillæ free from any infiltration, the blood vessels enlarged and congested, some exudation cells can be found between the connective tissues. A mass of carcinomatous infiltration shows in the subpapillary layer of the corion, filling up all of the lymphatic spaces and those between the connective tissue fibers, reaching the subcutaneous tissue. In some places between the infiltrating cells, nests of epithelioid cells form round nodules like plexiform carcinoma, as remarked by Max Joseph in his case. (Fig. 2.) In all our specimens we find that the epithelium forming the carcinomatous

nodules shows no connection with the epidermic cells of the strata of the epidermis. They follow the lymph spaces of the corium. In one specimen initial carcinomatous nodules can be seen in the division of a ramification of a lymphatic space, following three branches. The cancerous epithelioid cells are in the middle surrounded by small leucocytes. The alveolus is round and is encircled by connective-tissue fibers in the form of a nest. The surrounding connective-tissue fibers show plainly their corpuscles, which are increased in size as is found in the embryonic tissues.

The elastic fibers are normal in the whole specimen, except around the infiltration where they are seen to be somewhat thinner. Plasma

Fig. 2.

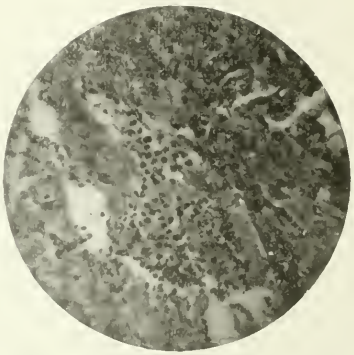


cells are constantly found. Some of the glands of the skin are also taken into the carcinomatous infiltration, but they are not primarily involved as we have found in other cases of the ordinary skin cancer. The disposition of the infiltration shows the characteristics of a deep nodular carcinoma, although it has started from a non-pigmented nævus. The epidermic layers take no part in the formation of the carcinoma, as we have found in other cases, where the epithelial cells of the stratum spinosum were mixed with the tissues of the derma. On studying the specimens under a larger power, ⅛, the carcinomatous changes are more visible. The mass shows a large quantity of round, oval, cubic epitheloid cells, containing large nuclei in a row of two or three together. Between the cells can be seen some fine fibrin threads. The large cells contain a clear and homogeneous protoplasm, which is only

lightly stained by the different coloring fluids, in some others the protoplasm has a granular appearance. The cells in the alveoli are so crowded that only a few show a round shape, most of them being oval, cubic, or elongated from the pressure.

The nuclei of the cells show the most interesting features, some ar thick and marked by a marked contour with granular contents and a small nucleolus. These, on account of their resemblance to parasitic elements, have been referred to the blastomycetes. In some places the nuclei have attained a large size in comparison to the cells, they have a granular substance, and show some appendages or elongations starting from their body.

FIG. 3.



In many places are to be seen free small organized bodies round or oval in shape, with a darker line in the middle. They readily absorb the stain, and are thus made perceptible with Bismarck brown. Following these bodies in the specimen is seems that in a successive evolution they have appendages or elongations with which they become organized as part of the tissues. Fig. 3 shows very clearly colonies of these bodies in different stages of development.

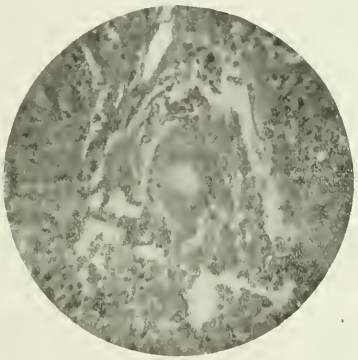
Fig. 4 shows a pearl with a mother cell in the middle, surrounded by connective-tissue fibers, with many of these small bodies between the tissues, and others already older in the process of organization.

Fig. 5 shows some large peculiar round cells, grouped together in the number of three or four and greatly swollen. They are filled with a quantity of small round bodies, which strongly refract the light.

It seems that the immense quantity of these small bodies causes the swelling of the cells, which are converted into so many nests. These bodies when seen under a certain degree of refraction give the idea of being spores vegetating inside of the cells. These mother cells are imbedded in nests of collagenous tissues, which are greatly swollen and enlarged. Granules or small bodies resembling those contained in the cells are found in some places between the connective tissues scattered as foreign bodies, and they give the impression of having left the mother cells.

In another specimen some peculiar cells have the appearance of having burst and look empty, showing ragged edges. With-

Fig. 4.



out stretching the imagination too much it seems to me that the spores are developed and hatched in the interior of the cells, which are swollen and enlarged. The mechanical irritation and the toxic elements produced by the developing organisms, are to be accounted for by the changes which occur in the connective-tissue fibers and in the lymph spaces. The spores when ripe come out of the mother cell and remain free in the middle of the tissues. They find their way in the lymph spaces and so extend the area of infection or by the lymphatic vessels are carried to the lymphatic glands, where they remain without any opposition. On account of negative chemiotaxis, the leucocytes are powerless against these virulent elements, and the small leucocytes furnish a nourishing culture medium for their development.

The foregoing conclusions are only based on microscopic examina-

tion, and lack any support from the bacteriological standpoint. But carcinoma is not the only disease where bacteriology has not yet succeeded in demonstrating the germ growing in the culture media.

Several kinds of giant cells have been often encountered in the various species of carcinoma, which have been interpreted as the result of degenerated epithelial cells in the rôle of foreign bodies.

Buxton[2] concurs in this opinion, and he believes that the most probable origin of the giant cells of carcinoma is the presence of epithelial pearls in the middle of the myeloid cells, and that they are made up by the fusion of the protoplasm of several cells together in a hyaline degeneration.

FIG. 5.

Growth of peculiar cells in a nest of collagenous tissue

Fordyce[3] stated that in epithelioma the origin of all giant cells cannot be explained by the presence of foreign bodies or by the fusion of adjacent cells. He has seen, described and photographed nuclei, contained in hyaline cells of a uniform size and appearance, which he says are like cell infiltration in the surrounding connective tissues, and *are probably lymphoid cells* which have invaded the hyaline masses. In other portions of the same tumor epithelial cells in various stages of degeneration are seen to be invaded by nuclei of similar size and appearance.

The opinion that there is a possible formation of new tissue, or at least of new cells, in the tumors, from the pre-existence of an organoplastic matter is untenable. In place of new formation, proliferation has been substituted, and new cells and new tissues find their origin in the pre-existing cells and tissues, entirely removing the old idea of a *generatio equivoca*

The epithelial cells entering into the structure of the carcinoma are identical with those of the different organs but lying in the connective tissues. In the same way the granules of pigment which are found in the tissues of the derma from the nævus are considered also capable of promoting the production of the carcinoma. In my first and third cases of carcinoma from pigmented moles, a large quantity of pigment granules and of pigment cells was found in the carcinomatous infiltration, but the accidental introduction of pigment granules into discolored cells has not much pathological significance. There has generally been attributed to pigmented carcinomata a much higher degree of malignancy, so that they have been called melanomata. The idea of so deleterious an action from the presence of the pigment will be easily dispelled by the consideration of the production of the pigment. The pigment is the result of a metamorphosis of the hemoglobin from the red corpuscles of the blood, which are changed into pigment granules. In a melanoma the presence of the pigment will indicate an effusion of blood in the structure of the carcinoma, which on account of the changes of the red substance of the blood has been converted into pigment.

So far in the pre-existing tissues we have not found any reason for malignancy. From connective tissues, in consequence of the proliferation, will result connective tissues in the form of an organized tumor. The studies of the proliferation and of the morphologic changes of the cells of the carcinoma as bipolar mitosis indicative of malignancy, karyokinesis, nuclear segmentation, cytodiaresis prove that carcinoma cells multiply by irregular and atypical karyokinesis, but they do not give any idea of the origin of carcinoma. In fact there must be some unknown reason, some Deus ex machina, which causes the dormant cells to be waked up to life and produce malignant tumor. Although Unna[4] thinks that the origin of the nævo-carcinomata supports the Cohnheim theory, and that the anomaly of the growth in carcinomatous structure can be imagined as the result of a diminished resistance of the mesoderma, yet he says that the general deleterious action of these tumors is still incomprehensible without the admission of strong elements from the outside, which are nothing else than parasitic elements.

Trauma and irritation in reference to the formation of cancer has always attracted the attention of the pathologists, and we can say that it is the general belief that malignant growths frequently do follow local injuries and local irritations. This finds a support from the analogy to infectious granulomata, especially tubercular and syphilitic lesions which are produced in the tissues and in the organs exposed to trauma or irritation. A serious injury of the tissues usually provokes a strong and a genuine reaction, while a continuous irritation is capable

of bringing about only an incomplete reaction which acts strongly on the nutrition of the tissues, making them parts of lessened resistance. The nutrition, as Virchow stated, is a property of the tissues and each tissue has the so-called *vita propria*. In the living organism we can have cells which are dead and the disease be nothing more than the result of the death of cells as happens in the different degenerations. Parenchymatous inflammations may result from the process of irritation as passive alterations of the nutrition of the tissues. It is not rare for foreign bodies to enter into the organism, and to remain there without taking part in the life phenomena and without destroying the life of the person. Bullets continue imbedded in the tissues, coloring substances introduced for tattooing remain in the skin as dead substances. This, however, cannot be said of those elements which, entering the organism of man and of animals, continue their life as parasites. They live at the expense of the organism, into which they have entered, and for a long time remain and develop without producing apparent disorders. In carcinoma we see that for some time it may remain local without causing any bad influence on the life of the person, but the time comes when it will show its effects on the general system. In the carcinomatous cell we recognize the parasitic symbiosis, a mechanical irritation at first, and the secretion of poisonous toxins afterwards. It remains imbedded in the tissues as a germ, which gradually germinates and proliferates, and then spreads and finds new places and produces systemic alterations. We see before us as factors of the carcinoma two principal points, one a wound, an abrasion, the other an infection. In our cases of nævus the constant rubbing of garments and of instruments on a thin surface, elevated on the surface of the normal skin, was sufficient by friction to injure the tissues and produce a contusion and an abrasion.

Considering the ubiquitousness of infectious agents, an injury in the continuity of the epidermis, an excoriation, or an abrasion of the mucous membrane will clearly show the relation of the cancer to trauma. The epidermis and the epithelium are sure protective organs against the entrance of infectious germs, and nothing but an abrasion will permit the entrance of infection.

The arguments in favor of the parasitic origin of the cancer are every day increasing, and the cancerous protozoa of Scheurlen, Darier, Russell, Soudakewitch, Ruffer and Walker will soon find such proof in the researches of Romali, Sanfelice, Plimmer, Busse and Gilchrist. Some of the peculiar forms of the cells of the cancerous growths to which I have called your attention have already been studied and described by those of the first group as parasites, by others as products of

cell degeneration. These products of degeneration are not found in any other granuloma or tumor; they are characteristic and nobody has ever succeeded in their reproduction. Roswell Park[6] with his indefatigable work, in his established authority, asserts that in his laboratory similar appearances have been reproduced in many cases, after inoculation with cancerous material. Not all infectious diseases are produced from bacteria, but there are many classes of other possible parasites which are not yet exactly known. The history of the plasmodium of malaria has thrown light on this subject. The observations and experiments of Roswell Park are of some support to my observation that the organisms grow in the cell. In fact, in order to obtain success in the culture of these cancerous organisms he has closed them in a collodion capsule and so has dropped it into the peritoneal cavity of animals, subjects of experiments. In this way Roswell Park has obtained the growth of these organisms, which when reinoculated into other animals have caused hematogenous infection with nodular formation corresponding to an acute carcinosis.

Now returning to the soft nævi, they have been pointed out by many authors as the starting point of carcinoma, and Lancereaux and Paget have described cases of epithelial melanotic carcinoma arising from pre-existing nævi. Unna[7] indicts the pigmented cells of the soft nævi as a contributing cause in the spreading of the epithelial elements in the connective tissues. Max Joseph[8] follows the ideas of Ribbert, that pigment cells "chromatophores" are the cause of the production of carcinoma from a nævus, and that these cells through some elongations go between the epithelial cells, starting the carcinoma, and the pigment which they produce staining the cells imparts the malignant properties to the tumor. Unna[9], Bauer[10] and Kolaczek[11] have all seen epithelial cells reach the connective tissues of the superficial derma, where they insert themselvs. In consequence a series of alterations occur, the epithelial cells dispose themselves in a row and with the irritation they produce cause the connective tissues to close around them, forming in this way the aveoli. On account of a consequent stasis, an edematous condition takes place which increases the nutrition of the epithelial cells, which proliferate in the connective tissues, giving origin to the cancerous foci. Unna, however, adds that the followers of the parasitic theory find that from the entrance of elements from outside result the changes of the tissues in carcinoma, because nævi always become affected in consequence of a trauma. Löwenthal[12] in a series of 800 cases of malignant tumors, among them 119 cases of carcinoma of the skin and of the mucous membranes, could trace in nearly all an injury of more or less importance preceding the appearance of the malignant

growth. M. B. Hartzell refers to two cases of epithelioma, one on the nose and another on the lower lip, in which a wound had been responsible for the production of the carcinoma.

When an abrasion is present infection easily follows. In this respect carcinoma resembles other infectious processes of which the microbic origin has been demonstrated. It happened in the case of tuberculosis that its infectiousness was firmly believed in long before the bacillus had been discovered.

Carcinoma is an infectious disease of a slow, chronic type; from a small insignificant ulcer it spreads by continuity and by contiguity through the lymphatic system, affects internal organs by metastasis, and produces profound alterations of an infectious nature in the general system. In the case of the lady under consideration there is seen a soft, non-pigmented nevus changed into a carcinomatous ulcer, which in less than three years has caused general cancerous infection and death.

Such profound alterations show beyond any doubt the presence of infective elements, which are responsible for the production and the spreading of the carcinoma. It would be too difficult a task even to mention the authors who have studied the parasitic origin of the cancer, beginning with Nedopil, Dariér and Wickham, Klebs, Ohlmaker and Korotneff. It would be too long even to mention the studies of the more recent investigators, such as Plimmer and Roncali, Sanfelice, Foa, Vedeler, Sternberg and Roswell Park. Thoma described coccidia in the nuclei of carcinoma, followed by Dariér, Albarran and Sjöbring. Pfeiffer described ameba sporidium followed by Adamkiewicz, Kahave and Nepvean. Blastomycetes were described as fuchsinophile bodies by Russell, as cancéromyceta by Niesen, as saccharomyces niger by Mafucci, and as blastomycetes by Sanfelice and Roncali.

Blastomycetes have recently been described by Gilchrist and Busse, and then confirmed by Hyde, Montgomery and others, as the microorganisms which cause a peculiar infectious and malignant dermatitis, which they have called blastomycosis.

Returning to our subject of carcinoma we find that many experiments have been made in reference to the inoculability of these malignant affections. Positive results have been obtained in mice, rats, dogs and cats by inoculating carcinoma from man into animals, and from animal to animal, as in the experiments of Pfeiffer, Moran and Goujon. Autoinoculations of carcinoma in inoperable cases have been carried out successfully by Han and Cornil and N. Senn[14], who in four experiments has obtained in three the reproduction of carcinoma. H. R. Gaylord[15] has given one of the most interesting and scientific reports of his studies

on the parasitic origin of carcinoma, carried on in the New York State Pathological Laboratory. The factor of carcinoma, according to Gaylord, is a protozoon, which he has constantly found in all cases of carcinoma under his examination. He finds the parasite of a different size and appearance according to the age. He has reproduced the disease in various animals by different methods of inoculation, one of which has already been referred to above.

With all these convincing arguments, the origin of carcinoma has not yet been cleared up. A large number of distinguished researchers, such as Fabre, Domergue, Gratia and Lenaux, Kurscherf and Bartsch, Sternberg, McFarland, Duplay, Cazin, Steinhaus, Pianese, Schwartz, E. H. Nichols, Adami, Senn, etc., are still opposing the observations and the results obtained by the others.

From the related observations and experiments it seems to me that carcinoma will be proved to be a parasitic disease. From the pre-existing cells through proliferation we have tumors, but none of malignant nature. Malignancy is the result of infection, infection which comes from outside or from germs which remained dormant in the system, as in hereditary syphilis. From the specimens of carcinoma which I have submitted to your consideration I have pointed out a particular histopathological form of cells, which assume enormous proportions on account of elements which have the appearance of spores developing themselves in their body. I have shown some of these enormously swollen cells broken and small bodies scattered in the middle of the connective tissues. These bodies, it seems to me, are those described as coccidia or sporozoa, which having small appendages attach themselves to the tissues and reproduce the same cells. With the presence of these organisms by the mechanical irritation of the tissues, the enormous proliferation of the connective tissues and the destruction of the elastic fibers are explained. From the biological functions of these organisms a sphere of local infection is easily demonstrated, and the general infection from there is easily explained.

If an argument from analogy with plants could explain my idea, I would select the case of the ergoted maize, where the spores of the claviceps purpurea develop themselves in the soft grains, swelling them to enormous proportions. That the infectiousness of carcinoma comes from outside is easily demonstrated from the frequency of the skin cancer. The parts most often affected are the face and the hands, parts which are most subject to wounds and to excoriations. I had lately under treatment in my hospital practice three cases of cancer of the penis, which had found their origin in the phymotic condition of the prepuce. Holländer[16] and Henry H. Horton[17] concur in the same

opinion that the cause of carcinoma penis is found in the irritation produced by the uncleanliness, resulting from phymosis.

The digestive tract from the lips to the rectum is subject to cancer, so much so that von Leyden[18] reported that seventy per cent. of all cases of cancer in Germany were found in the digestive organs.

It will be of no advantage to my argument to proceed in the study of the statistics, which have been given by Behla[19] and lately by Karl Kolb[20], with admirable patience and accuracy. It appears that carcinoma more frequently affects those organs which are most exposed to irritation, to abrasions and consequently to the entrance of infectious germs.

In the cases of carcinoma starting from a nævus, it is clarly seen that continuous irritation and often repeated abrasions act on the soft and protuberant mass of the nevus. Nævi seated in places where they are protected from injury are not affected by carcinoma, but on the contrary nævi in regions exposed to irritations are often changed into carcinoma. Just lately I saw in my private practice an extended ulceration affecting the whole surface of a vascular nævus of the internal region of the thigh, in a baby four months old. The ulcerative condition was produced by the presence of urine, perspiration, etc., remaining on the tender surface of the nævus.

In conclusion, I would say that carcinoma frequently affects nævi not on account of the cells remaining in the structure of the nævus from the embryonic stage, but on account of the frequent bruises and irritation to which they are exposed, and their soft stroma, which easily reacts to irritation.

The name of nævo-carcinoma has for me only the meaning of a *carcinoma on a nævus*, but does not have any particular interest in reference to the origin of these growths. The pigment is only a coincidence in the nævus, and in consequence it is found in the carcinomatous stroma as such and it does not produce nor increase the malignancy of the carcinoma.

Carcinoma from the nævus has the same origin from infectious germs as the other carcinomata, and like any other carcinoma is capable of producing general carcinomatous infection with a fatal end.

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Book Reviews.

The Medical Treatment of Gall Stones. By J. H. Keay, A.M., M.D. 1902: P. Blakiston's Son & Co.

The title of the above volume is misleading. The book is a monograph on gall-stones. The chapter on treatment occupies only thirty of one hundred and twenty-six pages. The title-page gives no evidence of the author's connection with a hospital or other institution which would afford him special opportunity for investigating the subject of gall-stones, and there is no preface. In the introduction, however, we find the author's excuse for writing the volume: he himself has suffered from biliary colic.

He states that "it is no easy matter reading, sifting and analyzing all that has been written on gall-stones, and setting down the conclusions one has formed in simple and succinct form." Yet the chance gathering under his roof of a relative, a patient, and himself, all sufferers from gall-stones, induced him to undertake the task. The result is a verbose tangle of fact and fancy and illogical conclusions.

After stating that the bile is of high specific gravity and that the daily output contains from one-quarter to one-half ounce of solid material, he complacently says, "we can readily understand that, where there is any obstruction to the

flow the liquid material may pass the obstruction, while the other ingredients remain behind and form concretions and stones." And he repeats the statement on the same page. We have not specially selected this sentence: it has been taken at random, and typifies the conclusions drawn.

The volume has an attractive cover, but the paper leaves much to be desired. According to the legend, the presswork was done in England.

Treatise on Diseases of the Skin. HENRY W. STELWAGON. Philadelphia: W. B. Saunders & Co., 1902.

There is always room at the top, they say and for a good book on library shelves. This one, the reviewer has pleasure in saying, is worthy a place with the best in English and they are as good as any. That this may not be considered indiscriminate and unthinking praise, it may be said that the writer still holds the opinion that "Cutaneous Medicine" so far as it goes, is peerless in any tongue, a view which Dr. Stelwagon would probably approve. There is evidence that the minutest care has been lavished on the work; it is almost painful when it comes to placing credit for investigation where it belongs. There are numerous references in footnotes by which the reader may pursue a given subject further than the author has seen fit to carry it. Selection of such references is no small undertaking as any one knows who has attempted to sift the trashy literature that has cursed this specialty. The illustrations are good, both clinical and microscopic, and plentiful. The colored plates, introduced from Mracek's Atlas, might have been dispensed with without loss. Unless they are as fine as in "La Pratique Dermatologique," they are likely to mislead the uninitiate and these are not new. The work is not for students for which let us be grateful, although it is dedicated to them in some sort, to "advanced" students. A man needs some knowledge of medicine to peruse these pages with profit.

Among General Considerations, the striking point and the one which established an instant bias in the reviewer's mind is the triumphant struggle to escape the temptation to arrange the subjects alphabetically. What excuse there is for taking a disease out of its context when Hebra's classification is extant, has never appeared to the unaided eye. The liberties taken are justifiable, with the exception of erythema induratum and lichen scrofulosorum. The negative evidence against their tuberculous character is not such as to permit their inclusion among the erythemas; their course is ground sufficient for divorce. Erythema multiforme is held to be, like urticaria, a toxic angioneurosis of various origin, bacterial, alimentary. There seems to be a general settling down at last to fairly uniform views everywhere on the question of exfoliative dermatitis in all its phases.

No ghost need come from the grave to say that the same is not true of the lichens, lichen ruber and pityriasis rubra pilaris. Stelwagon clearly distinguishes them and in doing so, confers a favor, in giving a literal translation of Hebra's classic description of the former. He errs in one particular. The pityriasis does show confluent patches, not infrequently enough to constitute a differential point.

Our ancient enemy, psoriasis, comes in for a long essay, in which there is a flaw to be picked, pathology. It is impossible for any inflammatory disease to begin in the epidermis which is non-vascular. There is nothing here to indicate that the same changes are present as in eczema, differing only in degree. It would be well for all pathologists to accept Unna's description of the process. It is mentioned under eczema, but his terms are not fully explained. If that

were done with eczema, the variations need only be noticed under psoriasis and seborrheic eczema, identical pathologically also. The treatment of the subject of eczema is mainly along Duhring's lines. Zoster is described as "usually a descending neuritis." In view of that summary of conclusions, it seems strange for no more than a mention to be made of Head's great work. Would it not be better to separate entirely septic pemphigus comprising pemphigus acutus, contagiosus and neonatorum, from the ordinary variety with a different, if unknown etiology? When the author prepares a new edition, it might be well to refer to the nail changes, in the bullous affections.

The best section in the book (in the writer's opinion, of course), is that devoted, under hypertrophies, to the keratoses. There is no such illuminating discussion of ichthyosis in the literature. Edema neonatorum is as well placed in this section as anywhere perhaps, but it looks strayed. There are some minor points that might be made, but it would be carping criticism to notice them when the excellence is so general.

The discussion of new growths is not satisfactory. It never is, not even when Virchow has done it. In the first place, the granulomas deserve a place to themselves. Syphilis, tuberculosis, lepra and the rest are so nearly identical processes that they ought not to be separated and certainly ought not to be sandwiched between two epithelial tumors. If granuloma fungoides is a granuloma, as the author believes, it should go with the others. Its present place would seem to indicate a relationship to sarcoma. Every one knows there is no such thing as a tumor classification worthy the name, but admiration always attends a brave effort. There are various minor points which deserve attention. There is no evidence as Unna and others have pointed out of any connection between the dermatitis and the duct carcinoma of Paget's disease. What relation they bear to each other is still puzzling investigators. As to xanthoma of diabetics, some of us are sure of the inflammation present; we are not advancing a tentative proposition as the author represents.

On p. 998, there is the inevitable oversight, granuloma *necrotica*. Where on earth did that hybrid originate? On the next page, the reviewer is represented as believing that hidradenitis suppurativa is a paratuberculosis. His statement in his original paper was that there is often a connection since more than half of the cases occur in the tuberculous. It is probably best for the present to separate, as is done here, this disease and acne varioliformis, although there is no anatomic basis for it.

Real admiration is deserved for the judicial attitude Dr. Stelwagon preserves throughout toward Sabouraud's work on alopecia areata, ringworm and the impetigos. He is not carried away by it but weighing it carefully, accepts it with reserve and only so far as it is corroborated. There is an appendix in which diseases of the buccal mucous membrane are considered.

The book is good reading throughout. It is no fit food for babes, but Dr. Stelwagon's colleagues will welcome it as altogether worthy of its author.

Jas. C. Johnston.

Photographic Atlas of Diseases of the Skin. George Henry Fox, M.D. Philadelphia: J. B. Lippincott & Co., 1902. Parts VIII. to XVI. inclusive.

This is the conclusion of Dr. Fox's work. There are almost no failures in these eighty plates with over a hundred illustrations. They are as we have said before really good enough for that long suffering gentleman, the general practi-

tioner with longings and no experience in dermatology, to make something of. What he will do probably, will be to fit his cases to the pictures, not the pictures to the cases, and so fail of the goal to which the publishers invite him, "the reputation and remuneration frequently diverted to the specialist." There is a good deal of repetition, three plates of pityriasis versicolor, seven of psoriasis and five of lichen ruber. Presumably the last are introduced in support of the author's valiant defense of the identity of lichen ruber and pityriasis rubra pilaris, a subject which must be of the very remotest interest to the aforesaid G. P.

The text sometimes reminds one of certain "heart to heart talks by the pastor of his flock." For instance, the author says acute eczema would be treated with more success by zinc oxid ointment than by most of the strenuous efforts in vogue, but that he rarely uses it himself. It is an honest confession not unexpected that his patients get a few more aids to recovery than hygiene, diet and exercise. There is a tale (far be it from us to assert its authenticity) that he once recommended this line to a "professor" of athletics. The advice is as sound as experience can make it in most instances.

There is one thought to which this Atlas gives substantial support. It is that we have far surpassed not only in actual clinical photography, but in the reproduction of the photographs, the dermatological ancients of twenty years ago.

Compend of General Pathology. ALFRED EDWARD THAYER, M.D. Philadelphia: P. Blakiston's Son & Co., 1902.

This volume is number 15 in the list of the publishers' Quiz Compends and is to be followed by a companion volume on special subjects. If the student of pathology were not the ungrateful wretch he usually is, he would thank fortune that his labors were lightened to the extent they are here by condensation and a generally successful selection of salient matter. There is careful avoidance of controversial points so far as that can be done in any work on pathology. The style is clear and forceful; there is no mistaking the teacher's habit of thought here. As a rule, books for students are ground out by people who have little knowledge of and less sympathy with their needs. This is a fair measure of praise when one considers how difficult it is to condense pathological literature and not lead the reader astray.

A striking feature of the work is the attention paid to the gross aspects of pathological conditions, often neglected wholly in much larger text books than this. Full consideration is given to autopsy and laboratory methods including bacteriological. There is even a table of weights and measures and of statistics of use in the autopsy room.

It is a curious thing that teachers will cling to that worse than bad habit of defining processes and diseases. No man can define either if he knows anything about it, so why expect it of a student when in time he must unlearn them all? There is one other general criticism to be made as to choice in the admission of matter. For instance, pigments are discussed which are not to be found in some of the most comprehensive text-books, and cell morphology is neglected both in tumors and in inflammation as it very commonly is for dry-as-dust discussions of mitosis. The reviewer has yet to see in any work an adequate discussion of the morphology of fixed cells in inflammatory processes. Exuded elements are described at length; the fibroblast and its derivatives barely mentioned. They not only ought to be described but there should be a colored plate

(and a better than that purporting to show malarial organisms) to give a beginner an idea of their appearance with ordinary stains. Thayer has very properly separated degeneration from inflammation entirely. There are good reviews, very short, of the subjects of fever and immunity.

The tumor section contains as much as the students need and generally will ever know. From his view-point, the classification is serviceable. Much too little is made of cytology as an aid in microscopic diagnosis. Endothelioma perhaps deserves a more extended notice. There is a picture in the syphilis section of acuminate condyloma; can the author have imagined a connection between the two? J. C. J.

The Principles and Practice of Bandaging. GWILYM G. DAVIS, M.D. Philadelphia: P. Blakiston's Son & Co., 1902.

This is a complete revision both as to text and illustrations of the author's original work published in 1891. It is divided into three parts, devoted to the roller bandage, the sling and the handkerchief. The author says that, owing to the ease of application of gauze bandages, we are growing slipshod in putting them on and he is probably right. There are plain, easily comprehensible directions here for every emergency. The old, complicated dressings are almost all omitted. A handkerchief bandage for the male genitals is doubtless of use at times, but in city practice, suspensories fill the office far better than any makeshift. The illustrations are line drawings, as they should be, to give the greatest clearness.

Progressive Medicine. June and September, 1902. Edited by H. A. HARE and H. R. M. LANDIS. Philadelphia and New York: Lea Bros. & Co.

The time will come, one of these days, if something is not done to dam the flood of medical literature, when a man with anything else to do will have no opportunity to read the literature in his own line. Then he will have to read these reviews from cover to cover. At present, the résumé of his specialty usually seems inadequate to him and the others uncommonly good. Possibly, they all are to the general practitioner. At all events, the gist of things is certainly here. Hektoen finds pathology growing too large for him and is limiting his review to bacteriology, serum pathology, pathological histology and oncology, specializing in a particular field. It is curious to see a man like St. Clair Thomson confessing in these days to inexperience with injection of soluble mercurials in syphilis of the air passages. Gottheil has done the cutaneous section in the September issue pretty well. It is a thankless job but some of his criticisms seem founded on misconceptions. The review of syphilis is fuller and better done than ever before. These are, of course, only a very small part of the subjects handled in the two volumes, but space considerations forbid even their mention.

Genito-Urinary Diseases and Syphilis. HENRY H. MORTON, M.D. F. A. Davis Co., Philadelphia, 1902.

The author is to be congratulated on giving us a very readable work on this subject, and the book will afford an excellent text-book for the student. In spite of the many works in very recent years on this subject, this book will undoubtedly fill a place and be of great assistance.

We could wish that he had treated some of his topics more fully and given us some of the latest improvements in urethral instruments. For instance, in urethroscopy he only presents a cut of a Klotz tube, merely mentioning one or two manufacturers of electrical instruments, without giving us the real advances that have been made in this line. It is curious that he should give a cut of the old pattern of the Thompson searcher, while the newer instrument is so much better adapted for that use. Under lithotrity the Bigelow evacuator, much used, is represented, but no mention is made of the Chismore evacuator, much simpler, less expensive, fully as efficient and more easily replaced.

One cannot help comparing, for instance, the excellent description given by Fuller, in his work, on the right method of performing the operation for varicocele by the subcutaneous ligature, a really useful operation for the majority of cases, while the author merely mentions the operation and condemns it. It should certainly be condemned unless a thorough description is given.

His chapters on the treatment of syphilis could be given in better detail.

The closing chapters of the book are given to a description of various forms of impotence and sterility, but they are a mere résumé of other authors and there is no new light on this but little studied subject.

The chapters on gonorrhœa are excellent, and the book should be highly commended. G. K. S.

Ulzmann's Genito-Urinary Neuroses. GARDNER W. ALLEN, M.D. F. A. Davis Co., Philadelphia, 1902. Second Edition.

Those who had the pleasure of listening to Professor Ulzmann on this subject will read Doctor Allen's translation with renewed delight. Although Ulzmann died in 1889, he was then at the height of his powers and was one of the greatest teachers in this subject. No one who treats this class of diseases should be ignorant of Ulzmann's teachings. It will be a long time before refreshing such ideas are given to us.

Dr. Allen has added a short chapter on Nervous Impotence.

The book should be on every practitioner's shelf. G. K. S.

Society Transactions.

SECOND INTERNATIONAL CONFERENCE ON THE PROPHYLAXIS OF VENEREAL DISEASES AND SYPHILIS.

Held at Brussels, September 1-6, 1902.

(Special Report to the *Medical Record.*)

The International Conference for the Sanitary and Moral Prophylaxis of Venereal Diseases and Syphilis began its discussions on the morning of Monday, September 1, in the General Assembly Hall of the Palais des Académies, at Brussels.

Baron Vanderbruggen, the Belgian Minister of Agriculture, opened the session. In a very documentary discourse he described the practical measures that had been adopted by the various countries, in accordance with the resolutions of the first Conference. He reported the assistance which had been given

by the governments to the International Society of sanitary and moral prophylaxis. Belgium had shown its favor to this work. He stated that the objections that had been sent to the Conference were: A harm to science; a stirring up of ideas; a shaking off of indifference and prejudices, and daring to publicly present certain problems—this would be to serve humanity. The art of governing humanity consisted partly in that which was practical, and partly in that which was not; and, in social politics, especially, progress could be realized only in full maturity, at the risk of retrogression. He next described the insufficiency of university teaching, the defects of actual regulation, the necessity of making a clear line of demarcation between sanitary surveillance and the ordinary police laws.

He then welcomed the delegates and the foreign members, and he was warmly applauded in his cordial praise of the fine work of the members of the permanent committee, M. Lejeune, the Minister of State; M. Beco, Director in the Department of Agriculture, and Dr. Dubois-Havenith.

This committee was nominated by acclamation: President, M. Lejeune; Vice-President, M. Beco; Secretary, M. Dubois-Havenith.

Public Prophylaxis of Venereal Diseases in Their Relation to Prostitution.—Dr. H. MINOD, secretary of the International Abolitionist Federation (Geneva), opened the discussion. In regard to the protection of young girls, he held that: (1) The law should have full control over them up to the time of their civil majority; (2) the State ought to encourage the institutions for the protection of apprentices, etc., schools for domestic science, the aid societies, the co-operative associations of production, the restaurants and lodgings for working women, and all measures for the protection of children who have been morally abandoned, etc.; (3) the State ought to ally itself with the aid societies, in order to deliver over to the latter minors who were arraigned on the charge of prostitution, or who had been pointed out as having delivered themselves up to prostitution.

Regarding the duties of the State, he held that: (1) Regulations ought to be abolished; (2) the Code ought to offer the same guarantees to every individual, whatever might be the sex, against seduction, fraud, violence or public scandal, protecting more especially the weak and minors; (3) it was necessary to spread abroad the idea that prostitution was always dangerous; (4) all of the obstacles which were connected with the treatment of these patients should be dissipated.

5. It was necessary to proclaim the principle of unity of morals.

Professor Neisser, Director of the Dermatological Clinic of Breslau, read the next paper on this subject. In the struggle which the State had begun against venereal diseases it ought not to be satisfied with passing resolutions in regard to prostitution; it ought also to take advantage of the numerous occasions which gave it the opportunity of combating the spread of venereal diseases. The most important and the most efficacious means to employ in the struggle against the diffusion of venereal diseases consisted in the spreading abroad as widely as possible the ideas relative to the dangers and to the importance of these diseases. It was necessary not only to teach young men that chastity and continence were not harmful, but also that these virtues were valuable from the medical point of view. All of the measures taken by the authorities with a view of realizing the prophylaxis of venereal diseases, and of combating the fatal consequences of prostitution, ought to be regulated by law. The

application of the law ought to be left to the communities and to the self-governing administrations of each district.

It was necessary that the law guarantee to each patient of this kind gratuitous treatment at the hospital, and that it forbid absolutely the remuneration of the expenses incident to this treatment; there should in no case be any demand made on the parents, tutors, or fellow citizens for the reimbursement of hospital expenses. The State should defray all of the expenses of this gratuitous treatment, except in the cases in which the rescue funds and those of the public associations were held responsible for the expenses of the patient.

In all the towns, in all of the important communities, and in all the districts, it was necessary—eventually with the aid of the State—to erect hospitals, to offer hospital services or public consultations, or to appoint physicians with a view of giving gratuitous treatment to these patients, and to distribute medicine without cost to these patients. It was necessary to see that all rules unfavorable to venereal patients should be made to disappear from the hospitals and their consultations. It was preferable to place these patients in the departments of dermatosyphilography, rather than in special hospitals. It was necessary to see that in the public establishments the medical secret and the shame of the patient be respected.

Special measures to be taken were: The creation of a sanitary committee; it should be the central administrative point where all measures should be taken which were necessary to assure the surveillance of venereal patients, and the prophylaxis of venereal diseases. It was necessary to enforce obligatory medical notification under a double form, either with or without mention of the name, as circumstances might indicate. It was necessary to promulgate a law forbidding every person not possessing a medical diploma to treat venereal diseases; the threatened punishments ought to be severe.

The persons who, knowing that they were affected with a venereal disease, continued to have sexual relations, committed a crime, even in the cases in which contamination had not been produced.

Dr. Pierson of Holland pointed out a contradiction in the proportions of the defenders of regulation: "You teach," said he, "that debauchery is fatal; you recommend chastity, and you hasten to tell of the fatal consequences of the non-observance of this advice. What influence can this advice have if you already anticipate the measures which should be taken in the cases in which it is not followed?"

M. BOECK of Norway defended the system used in Norway, of the obligatory declaration by the physicians of the cases of contagious diseases which they had under treatment.

MME. SHELDON AMOS insisted upon the necessity of putting an end to the propagation of immorality among minors. The activity of the school called "abolitionist" had done much for morality. The English government, during the war in South Africa, had affirmed repeatedly that women had never been violated in the course of the war. Was not this fact, new in the world's history, on the part of 250,000 soldiers, a proof of improved morality?

SIGNOR SANTOLIQUIDO, the eminent director of the Department of Hygiene in Italy, described the progress made in Italy by the system of liberty. Prophylaxis by the hospitals, the dispensaries, the consultations, private intervention accomplishing the work of protection, such was the system which had given such good results in Italy.

DR. FERD. C. VALENTINE of New York proposed the segregation of young girls in special quarters.

M. PETRINI of Roumania thought that attention should be paid to those who seduced young girls, and to those who led young boys astray.

MRS. DRYSDALE of England praised the favorable results of the régime of liberty.

M. DÉMÉTRIADE of Roumania begged the conference to take account in its resolutions of the particular situation of the small countries.

DR. YVES GUYOT of France remarked that the "abolitionists," although so much derided, had at least one merit. They had made a study of the question. In 1867 no one doubted the excellence of the system employed. To-day the presence of so many members of the conference proved that all the world recognized the necessity of reforms.

DR. NEISSER of Breslau proposed various practical measures. The dissemination of knowledge relative to the venereal diseases, free treatment to each patient, and the prohibition of treatment by charlatans.

M. VERCHERE of Paris described the results of his experience at St. Lazare. He spoke of the characteristic mental status of fallen girls, and insisted on the necessity of obliging them to care for themselves, whenever they would not voluntarily submit to treatment. He agreed with the opinions of M. Yves Guyot and spoke in terms of praise of his teacher Fournier. The liberty of each one ceased when danger to others commenced.

The Secretary-General announced to the Assembly that a generous donor, Professor Lassar of Berlin, had contributed to the funds of the Society, a sum of a thousand francs. The Conference gave a vote of thanks to Dr. Lassar.

M. GASTON of France insisted upon the necessity of indirect measures, and as the protection of the child-mother and of the illegitimate infant, and prosecution of the wrong doers, etc.

DR. MERK of Austria discoursed on the excellent methods of the bureaus of hygiene in Austria. He proposed that every physician ought to make a report of every case of contagious disease.

M. MINOD of Geneva was opposed to the coercive systems; he approved of submitting minors to guardianship.

PROFESSOR LANDOUZY of Paris wished that contamination might be treated like poisoning, and be made amenable to the common law. He wished to see suppressed as inefficient all regulations.

SR. SANTOLIQUIDO, director of the Italian bureau of hygiene, insisted upon the ambiguity of the terms regulationist and abolitionist. He begged the Secretary-General of the Department of Agriculture, M. Beco, to give his opinion on this question.

M. RETHAN-MACARÉ wished that the physician was obliged to denounce the syphilitic patient who was about to marry, thus bringing about a veritable catastrophe.

M. BECO, Vice-President of the Conference, declared that the insufficiency of the systems now in use was proved by the unanimity of the reports, and proposed to separate absolutely the police surveillance from sanitary surveillance.

PROF. LESSER of Berlin defended absolute medical secrecy, the restriction of which paralyzed medical action.

DR. LANE, chief of the service at Lock Hospital, London, defended the hospital system used in England.

DR. HAVARD, delegate from the United States, described the system employed in America.

The Protection of Minors.—DR. GOOD of France proposed that the State support an assurance company that would refuse venereal patients. Every candidate for marriage that the society refused would then be suspected of having a venereal disease.

M. DE MERSIER explained the measures of legal protection that could be taken.

The Organization of Aid and Treatment to be Accorded to Venereal Patients.—DR. BLASCHKO of Berlin, explained the necessity of assuring to all venereal patients, without exception, gratuitous treatment.

PROF. PETRINI of Galatz, Roumania, demonstrated the good effects produced by the system that was largely in use in Roumania.

DR. KOHN, of Berlin, proposed certain reforms which could be made by means of the aid afforded by the mutual aid societies.

Contagion by Nursing, by Vaccination, Contagion Carried by Clothes, etc.—MM. Havard (United States), Cicero (Mexico), Beco, Professor Landouzy (Paris), Good (France), Castelo (Madrid), Sicard (Paris), Bertarelli (Milan), Drysdale (England), Santoliquido (Rome), de Sturmer (St. Petersburg), Petrini (Bucharest), discussed this question. As regards vaccination the unanimous sentiment was in favor of animal vaccine as the only really safe method.

DR. ENGEL REIMERS of Hamburg spoke of measures to be taken in regard to sailors.

PROF. LANDOUZY of Paris insisted on the necessity of introducing both civil and penal responsibility.

DR. PIERSON pointed out the duty of mothers to nurse their own children.

The conference then discussed various resolutions which had been proposed by Drs. Landouzy, Beco, and Neisser.

Proposed Resolutions.—BY PROF. LANDOUZY.—Since the régime of regulation, such as had actually been put into practice, had been shown to be inefficient, it was necessary, in the matter of prophylaxis of venereal diseases, to have a common law, equal for men and women.

By M. BECO, Vice-President of the Congress. The conference having determined from the reports which had been submitted to it, and from the unanimous declarations of the speakers who had taken part in the discussions, that the systems of regulation of prostitution actually in use were defective from various points of view, and especially in regard to the point that intervention by the police was harmful to the action of sanitary authority, while its sole object should be that of its disposition. It judged that there was reason in law as in fact to distinguish sanitary action from police action, and to render the first independent of the second, in such a way that prophylaxis of venereal patients, like that of every other transmissible disease, presented a character exclusively hygienic and medical.

Amendment by DR. NEISSER. The State had the right and it was its duty to combat, by means of legal measures, the dangers caused by prostitution from the hygienic point of view. The system actually in use, especially concerned with police authority, ought to be transformed into a sanitary system, which ought to be obligatory only so far as was absolutely necessary for the attainment of an hygienic end.

These resolutions had numerous partisans, but were not adopted.

Civil and Criminal Responsibility of the Contaminator of Either Sex.—M. BONNEVIE of Brussels said he had devoted much study to this subject. He defended the establishment of both civil and criminal responsibility. The laws in effect allowed these two actions to be introduced. M. Bonnevie cited a case in proof of this. If actions of this kind had not been brought more often it was because attention had not been drawn to the matter. When it was very difficult to attain prophylaxis in regard to prostitutes possibility of the civil and criminal action would be efficient in protecting innocent indivduals, and those worthy of protection.

Individual Prophylaxis.—Although the public authorities had to take measures of prophylaxis against venereal diseases, the duty of taking care of himself was incumbent on each individual for himself. The healthy individual should avoid all dangerous contact with any contaminated person or thing, and the diseased individual should avoid anything which could contaminate others. This being the case, what were the methods of dissemination to which it was necessary to have recourse, to enlighten the youth and the public in general, concerning the individual and social dangers of syphilis and gonorrhœa, as well as concerning the methods of contagion, both direct and indirect, of these two diseases?

DR. GOOD of France explained various methods of individual prophylaxis, and recalled his brochure, in which he had insisted upon a propaganda of hygiene and morality.

MME. SHELDON AMOS of London expressed herself as opposed to the practice of teaching the young that prostitution was inevitable.

DR. QUEYRAT of Paris opposed the practice of connecting certain organs and certain functions with the idea of shame.

M. MORSIER of Geneva insisted on the necessity of moral prophylaxis.

The next subject was: In what manner can individual prophylaxis be facilitated by means of the aid of institutions, hospitals, dispensaries, refuges, etc., and by medical services which are intended for persons of both sexes afflicted with either syphilis or gonorrhœa?

DR. SANTOLIQUIDO, director of the Italian Bureau of Hygiene, described the admirable work accomplished in Italy: definite treatment at home or at the hospital, assured to each one; gratuitous distribution of medicines; reimbursement to the patient for the expenses of the journey, etc. The State directed this immense system.

PROF. JADASSOHN of Berne insisted on the necessity of giving to all patients printed instructions explaining the dangers of which they were the source.

DR. VALENTINE of New York expressed the wish that medical societies might publish brochures explaining the prophylactic measures which ought to be taken by every one.

Resolutions of the Congress.—At the closing session the conference adopted unanimously the following resolutions:

Resolution of Trois-Fontaines: To give to conscripts arriving from their regiment very condensed, printed instructions on the dangers of gonorrhœa and syphilis. To add to this a paragraph pointing out the necessity of always remembering any attack of venereal disease, in order to describe it later to the physician. Also to add, perhaps, some brief notes concerning the dangers of alcoholism and the prophylaxis of tuberculosis. To be assured that the man

leaving the service carried these instructions away with him as he did his military certificate.

Resolution of Neisser, Gaucher-Judassohn: It was desirable that a guarantee be made to each patient suffering from venereal diseases of gratuitous treatment, to the largest possible extent. It was necessary to see that all factors unfavorable to venereal patients should be abolished from hospitals and consultations. It was necessary to see that in public institutions the treatment respected the medical secret and the shame of the patients.

Resolution of Minod: The most important and the most efficacious means to employ to combat the diffusion of venereal diseases consisted in the dissemination to as great extent as possible of the knowledge relative to the very grave dangers, and to the importance of these diseases. It was necessary especially to teach young men that not only were chastity and continence not harmful, but that these virtues were the most valuable from the medical standpoint.

Resolution of Santiliquido: *Whereas,* The different statistics ought to be in a condition to be compared: 1. It was necessary to establish statistics on a uniform basis. 2. It was necessary to submit the task of their compilation to an international bureau. 3. The President of the International Bureau ought to transmit these propositions that had been submitted to it to the various governments and should take their advice on the formation of this bureau and on the subsidies.

Resolution of Franck: The Conference should issue the resolution that the problem of rational and progressive education of the questions of intersexual order, from the hygienic and moral point of view, should be brought before the institutions for the education of the young in all degrees.

A committee was appointed to determine the preliminaries for the compilation of a treatise, based upon already existing monographs and larger works, which might serve as a tract for the instruction of the general public regarding the dangers of venereal disease, the means of prevention of the same, and the necessity of immediate and persistent treatment. The committee was also instructed to devise means for the popularization of such a work, for its translation into the principal languages, and for its general distribution in all countries of the civilized world. (*Medical Record.*)

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